


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-20-2006 90144 019 ****50.00

DOCUMENT # L05000107986 1. Entity Name VISTA PROFESSIONAL CENTER IV, LLC																																	
Principal Place of Business 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418			Mailing Address 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 20-3753010																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent SABATELLO, CARL M 5610 PGA BLVD., SUITE 114 PALM BEACH GARDENS FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 40%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 40%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP manage PAUL T SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418 </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP manage MICHAEL J SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418 </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP manage THEODORE P SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418 </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP manage PAUL T SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP manage MICHAEL J SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP manage THEODORE P SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																	
SIGNATURE: <u>CARL M. SABATELLO</u> <u>2/7/06 626-7600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	



ATTACHMENT

30001701

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

VISTA PROFESSIONAL CENTER IV, LLC
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS, FL 33418

Subject: VISTA PROFESSIONAL CENTER IV, LLC

Reference Number: L05000107986

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION